

Wednesday January 13, 2021
Senate Human Services Committee
SB 2122

Chairman Lee and Committee Members:

My name is JJ Ferguson I am a practicing physical therapist (PT) who graduated with a Doctorate in Physical Therapy from the University of North Dakota. I am a resident and fellowship trained orthopedic physical therapist, I am board certified in both orthopedic and sports physical therapy and I am currently pursuing a Doctor of Science in Physical Therapy.

I have practiced in ND for 8 years and I currently practice as a primary care provider at the Sanford Spine Clinic in Fargo, ND as well as teach full time at the University of Jamestown's Physical Therapy program in Fargo, ND. I am honored to be testifying on behalf of the American Physical Therapy Association (APTA) North Dakota, of which I am a member of. APTA ND is the state physical therapy association affiliated with the American Physical Therapy Association which represents over 100,000 PT's across the country. The APTA ND represents the interests of 811 licensed physical therapists in the state of ND.

Current Request

On behalf of the APTA ND representing Physical Therapists/Doctor of Physical Therapy across the state, it is our request today that you approve Senate Bill 2122, which allows ordering plain film radiographs (x-rays) to be added to the Physical Therapy practice act. We feel this is a reasonable and appropriate request based on the following points:

Improving the Efficiency, Safety, Timeliness, Outcomes and Collaboration of patient care:

As direct access providers who are the first point of contact for many patients within the healthcare system, there is an increased chance that we will see patients outside of our scope of practice. For this reason, we are mandated by law to refer any patients outside of our scope of practice. Current restrictions in the North Dakota Physical Therapy Practice Act limit physical therapists' ability to provide all patients with the necessary healthcare services. This has a significant impact on the timeliness of care and subsequently the safety of the patient. Delays in the diagnostic process and the onset of patient care has been cited by healthcare consumers as a key area of dissatisfaction with health care delivery. Evidence indicates that physical therapists have sufficient training and make appropriate clinical decisions regarding diagnostic imaging. Specifically, a 5-year retrospective practice analysis evaluated appropriateness of diagnostic imaging referrals placed by US civilian physical therapists functioning in direct access roles. The study found that out of 88 patients who received

referrals by physical therapists for 108 images, diagnostic imaging was appropriate in 91% of cases.¹ 377,509 people live in rural North Dakota, which is just under 50% of the population. There are 53 rural health clinics and 14 federally qualified health center sites outside of urbanized areas. With a geographically dispersed population in the state of North Dakota, having the ability to properly manage all patient presentations is imperative to reduce patient burden including unnecessary travel, increased costs, and delays in healthcare services.

Cost Savings:

Over-utilization of diagnostic imaging has long been recognized as a key driver contributing to rising healthcare costs. Studies that reviewed ordering behaviors of physical therapists who have image privileges consistently show judicious use when compared to other healthcare providers.² Prudent use of imaging may reduce the harmful effects of early, unnecessary diagnostic imaging, which includes greater risk of work disability, and potentially poor patient outcomes. Studies show that physical therapists as a first point of contact or with early intervention significantly reduces overall healthcare costs.^{2,3} The decreased utilization of diagnostic imaging for musculoskeletal disorders when patients have first care by a physical therapist, coupled with the proven judicious use of imaging by physical therapists, who have ordering privileges, provide for a compelling case to allow physical therapists to order plain film radiographs (x-rays).⁴

We respectfully request today, on behalf of the APTA ND representing Physical Therapists across the state, that your committee approve SB 2122, allowing PT's/DPT's to order plain film radiographs/x-rays.

Thank you for your time and consideration. If you have any questions, I would be happy to answer them for you.

Sincerely,

Dr. JJ Ferguson PT, DPT

Fellow of the American Academy of Orthopedic Manual Physical Therapists (FAAOMPT)

Board-Certified Clinical Specialist in Sports Physical Therapy (SCS)

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy (OCS)

Email: Jeffrey.ferguson@uj.edu

Phone number: 701-520-3102

REFERENCES

1. Keil AP, Baranyi B, Mehta S, Maurer A. Ordering of diagnostic imaging by physical therapists: a 5-year retrospective practice analysis. *Phys Ther.* 2019;99(8):1020-1026.
2. Pham HH, Ginsburg PB, McKenzie K, Milstein A. Redesigning care delivery in response to a high-performance network: the Virginia Mason Medical Center. *Health Aff (Millwood).* 2007;26(4):w532-544.
3. Keil A, Brown SR. US hospital-based direct access with radiology referral: an administrative case report. *Physiother Theory Pract.* 2015;31(8):594-600.
4. Fritz JM, Brennan GP, Hunter SJ. Physical therapy or advanced imaging as first management strategy following a new consultation for low back pain in primary care: associations with future health care utilization and charges. *Health Serv Res.* 2015;50(6):1927-1940.